

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS15 JUL 15 PM 1:49  
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

Ben Sasse for U.S. Senate, Inc.

ADDRESS (number and street)

PO Box 1976

Check if different  
than previously  
reported. (ACC)

Fremont

NE

68026-1976

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00547976

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

NE

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y

D D / Y Y Y Y Y

Y Y Y Y Y

in the  
State of

Y Y Y Y Y

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y

D D / Y Y Y Y Y

Y Y Y Y Y

in the  
State of

Y Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y Y  
04 / 01 / 2015D D / Y Y Y Y Y  
01 / 2015Y Y Y Y Y  
2015

through

M M / D D / Y Y Y Y Y  
06 / 30 / 2015D D / Y Y Y Y Y  
30 / 2015Y Y Y Y Y  
2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Steve Ralls

Signature of Treasurer

Steve Ralls

Date

M M / D D / Y Y Y Y Y  
07 / 14 / 2015D D / Y Y Y Y Y  
14 / 2015Y Y Y Y Y  
2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)